

## **Executive Office of Public Safety and Security Data Collection on Electronic Control Weapons (ECW) Usage**

The Secretary of the Executive Office of Public Safety and Security (EOPSS) is required by law to develop a uniform protocol directing state, municipal and regional law enforcement agencies to collect data on electronic control weapons ECW usage (Chapter 170 of the Acts of 2004). The first page of this document describes the process for collecting data on ECW usage and reporting that information to the Secretary.

### **How often will data be collected?**

Approved agencies are required to submit reports on the usage of ECWs on a quarterly basis. Reports are due two weeks after the end of a quarter, following the schedule outlined below:

<b>Quarter</b>	<b>Time Period</b>	<b>Report Due Date</b>
1 <sup>st</sup>	January 1, 2014 – March 31, 2014	April 15, 2014
2 <sup>nd</sup>	April 1, 2014 – June 30, 2014	July 15, 2014
3 <sup>rd</sup>	July 1, 2014 – September 30, 2014	October 15, 2014
4 <sup>th</sup>	October 1, 2014 – December 31, 2014	January 15, 2015

### **How are the quarterly reports submitted to EOPSS?**

Reporting agencies can submit Quarterly ECW Reports to EOPSS by:

- Faxing the report to the Office of Grants and Research at 617.725.0260; or
- Sending the report as an email attachment via email at [ECW@massmail.state.ma.us](mailto:ECW@massmail.state.ma.us).

### **What data will be collected?**

The Quarterly Report includes questions about the use of ECWs, including the number of officers trained, the number of ECWs owned by the department, the number of incidents in which an ECW was involved, subject submission data, and demographic information on ECW subjects. Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons.

The Quarterly Report includes information that is required by law to be reported to EOPSS. However, many law enforcement agencies collect extensive information about ECW usage by their officers. EOPSS encourages law enforcement agencies to consider collecting more than the minimal amount of information that is required by law on the use of ECWs for their agency's internal use of force reports. Examples of the types of information that agencies may want to collect and policy considerations can be obtained from the International Association of Chiefs of Police (IACP) and from the Police Executive Research Forum (PERF).

### **What will the Secretary of Public Safety and Security do with the data that are submitted?**

The Research and Policy Analysis Division (RPAD) of EOPSS authors an annual report analyzing the data received in the Quarterly Reports during the preceding year. This annual report is posted online on the EOPSS Website, (<http://www.mass.gov/eopss/publications-and-reports.html>), sent via email to all approved law enforcement agencies, and sent by mail and email to the State House Library.

### **Who do I contact with questions about reporting requirements for ECW usage?**

Contact Heather West, RPAD Research Analyst, at 617.725.3354 or by email at [ECW@massmail.state.ma.us](mailto:ECW@massmail.state.ma.us).

**Executive Office of Public Safety and Security  
Electronic Control Weapons (ECWs) Use Quarterly Report**

***Calendar Year 2014***

Agency Name:

Individual Completing Report:

Office Telephone Number:

Date Submitted:

Reporting Quarter	Reporting Period	Report Due Date
____ 1 <sup>st</sup> Quarter	January 1 <sup>st</sup> – March 31 <sup>st</sup> , 2014	April 15 <sup>th</sup> , 2014
____ 2 <sup>nd</sup> Quarter	April 1 <sup>st</sup> – June 30 <sup>th</sup> , 2014	July 15 <sup>th</sup> , 2014
____ 3 <sup>rd</sup> Quarter	July 1 <sup>st</sup> – September 30 <sup>th</sup> , 2014	October 15 <sup>th</sup> , 2014
<input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter	October 1 <sup>st</sup> – December 31 <sup>st</sup> , 2014	January 15 <sup>th</sup> , 2015

Please provide information that reflects use of ECWs *during this quarter only*. **Approved law enforcement agencies are required to submit this form every quarter even if they have not yet purchased the devices, trained their officers, or utilized the weapons.** In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Heather West by phone at 617.725.3354 or via email at ECW@massmail.state.ma.us.

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**Part I. Agency Level Information**

1. How many sworn officers were in your department at the end of this quarter?	117
2. How many officers have completed the approved training program for ECWs?	116
3. How many ECWs does your department own?	7
4. In how many <i>incidents</i> was an ECW involved during this quarter? An incident is an event in which an officer issued a warning and/or deployed an ECW.	10

***Note: If the response to Question #4 above is 0, submit only this page to EOPSS. If, however, the response is ≥ 1, submit both page 2 and page 4 to EOPSS.***

# Electronic Control Weapons (ECWs) Use Quarterly Report

## Part II. Incident Level Information

### A: INSTRUCTIONS:

Please complete one row for each incident. An incident is an event in which an officer issued a warning and/or deployed an ECW. Separate incidents should be numbered sequentially (i.e. 1, 2, 3). If more than one officer was involved in the same incident involving a single subject, use the same incident number for all officers in that incident (i.e. 1A, 1B, 1C). The number of incidents listed on page 4 should match the total number of incidents in Question #4 on page 2. Additional rows can be added to the table on page 4 if necessary.

Please provide information that reflects the use of ECWs *during this quarter only*. **Do not include equipment testing, usage during trainings, accidental deployments, displays of weapons when not accompanied by a warning or deployment, or deployments on animals.**

- Warning Type – More than one response may be entered. Please indicate all that apply:
  - N/A = Not applicable (no warning given)
  - V = Verbal warning used
  - L = Laser function used
  - S = Spark function used
- Deployment Type – Please indicate the number of each deployment type in ALL applicable columns:
  - PROBE DEPLOYMENT = Number of times probe function is used and includes follow-up drive stun when a single probe is still attached
  - STUN DEPLOYMENT = Number of times drive stun function is used
- Subject Submitted – Please indicate whether each warning, probe, or stun resulted in submission by or cooperation of the subject (Yes, No, N/A). If a warning was not issued, please enter *N/A* in the *Did Subject Submit* field. If the subject did not submit (through flight, continued resistance, equipment failure), please enter *No* in the *Did Subject Submit* field. If a subject submitted for reasons *other than* ECW use, such as hands-on techniques, pepper spray, or baton use, please enter *No* in the *Did Subject Submit* field. If weapons were not deployed, please enter *N/A* in the *Did Subject Submit* field.
- Gender – Please indicate the gender of all ECW subjects.
  - M = Male
  - F = Female
- Race/Ethnicity – Please indicate the racial/ethnic composition of all ECW subjects.
  - A = Asian or Pacific Islander
  - B = Black
  - H = Hispanic
  - I = Native American, American Indian, or Alaskan Native
  - M = Middle Eastern or East Indian
  - W = White

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**B: EXAMPLES OF INCIDENT LEVEL INFORMATION:**

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deployments	Did Subject Submit?	# of Stun Deployments	Did Subject Submit?	Subject's Gender	Subject's Race
1A	XX12345	1/1/14	S	No	0	N/A	2	Yes	M	W
1B	C23456	1/1/14	N/A	N/A	1	Yes	0	N/A	M	W
2	11234DE	2/5/14	V	No	0	N/A	1	No	F	B
3	B23456	3/7/14	V, L, S	No	1	No	3	No	M	A
4	W78514	3/15/14	V	Yes	0	N/A	0	N/A	M	H
5	X225844	3/31/14	N/A	N/A	1	Yes	1	No	M	I

**C: CURRENT INCIDENT LEVEL INFORMATION\***

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit?	# of Probe Deployments	Did Subject Submit?	# of Stun Deployments	Did Subject Submit?	Subject's Gender	Subject's Race
14008307	472482	10/10/14	V	NO	0	N/A	2	YES	M	H
14008307	472482	10/10/14	V	NO	0	N/A	1	YES	F	H
14008636	468524	10/22/14	V	YES	0	N/A	0	N/A	M	H
14008662	UNKNOWN	10/23/14	V	NO	1	YES	0	N/A	M	H
14008888	705425	11/01/14	V	YES	0	N/A	0	N/A	M	?
14009206	468524	11/12/14	L	YES	0	N/A	0	N/A	M	H
14009237	472482	11/13/14	V	NO	0	N/A	1	YES	F	H
14009525	472482	11/23/14	V	YES	0	N/A	0	N/A	M	H
14009655	472482	11/28/14	N/A	N/A	0	N/A	1	YES	F	H

\*If necessary, please insert additional columns.  
 14010429 472428 12/24/14 N/A N/A 1 YES 0 N/A F H

**Part III. Additional Information**

If there is any other incident-specific information you would like to report, please use the space below to do so.